



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E437769**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01602
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	06	27	2015	1723	31			N	E	IN	0664
								S	W	OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	600
	MILE POST <input type="checkbox"/>	

DISTANCE	100	00	MILES	<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	SR 204
			FEET			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253285991
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LAST NAME	BERNARDINI	FIRST NAME	NICOLE	MIDDLE INITIAL	K
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STREET NEW ADDRESS	14021 53RD DR NE
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CITY	MARYSVILLE	ST	WA	ZIP	982716637
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BERNANK090C5	STATE	WA	SEX	F	D.O.B. MMDDYYYY	02	25	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ATC2053	STATE	WA	VIN#	1B3EL46XX6N182277
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	DODG	MODEL	STR4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. TIMOTHY DILLE 11108 CHENNAULT BEACH RD MUKILTEO WA 98275

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 2312881-C17-47
VEHICLE LEGALLY PLANNING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253508722
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LAST NAME	STEVENS	FIRST NAME	ALEXANDER	MIDDLE INITIAL	J
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STREET NEW ADDRESS	930 123RD AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588025
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STEVEAJ04705	STATE	WA	SEX	M	D.O.B. MMDDYYYY	09	25	1996
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AUD0627	STATE	WA	VIN#	WVWGA31J8XW728958
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	VOLK	MODEL	GOL4D	STYLE	4H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ALEXANDER STEVENS 930 123RD AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PERMANENT GENERAL ASSURANCE COMPANY 53-WA2315897
VEHICLE LEGALLY PLANNING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	K. PARNELL #0135	BADGE OR ID #	0135	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E437769**

CASE #

**15-01802**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Veh 1 was in left turn lane with a green left turn arrow, headed northbound on the 600 block of 91st AVE NE. Veh 2 attempted to make a lane change into the left turn only lane. Veh 2 changed lanes abruptly in front of veh 1 causing veh 1 to impact the front passenger side of veh 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**K. PARNELL #0135**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**06-28-15 09:06 AM**

DATED

PLACE SIGNED

APPROVED BY

DATE

**BOB SUMMERS 079**

**6/28/2015 4:29:47 PM**

BADGE OR ID #

**0135**

ORI #

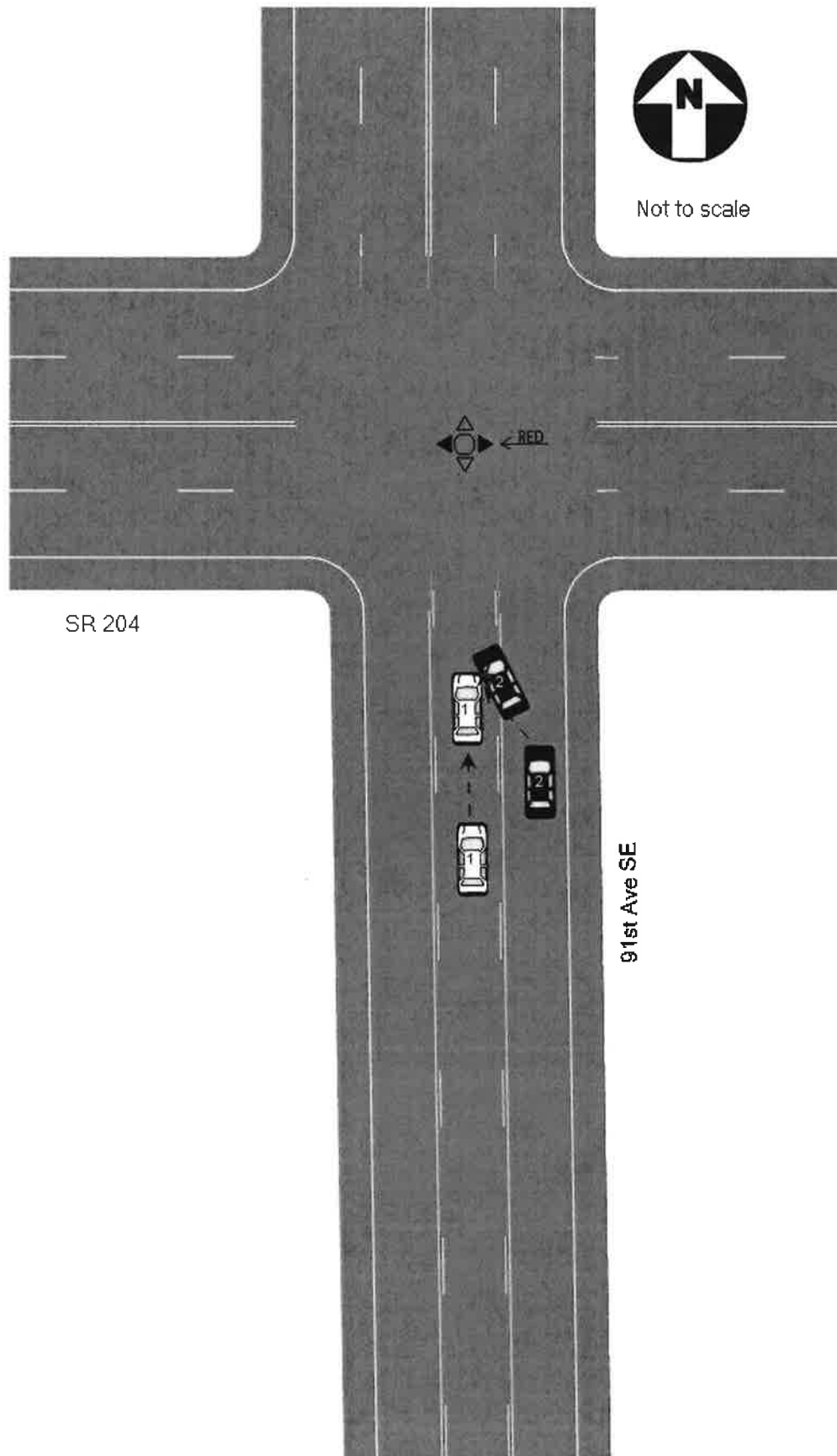
**WA0311900**

TIME POLICE DISPATCHED

**5:24 PM**

TIME POLICE ARRIVED

**5:35 PM**



Incident History for: #SS15012611

Case Numbers: \$SS15001602

Entered 06/27/15 17:23:56 BY SPCT08 SP0371

Dispatched 06/27/15 17:24:45 BY SPDP17 SP0333

Enroute 06/27/15 17:24:45

Onscene 06/27/15 17:35:19

Closed 06/27/15 18:09:50

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 91 AV NE/SR 204 , LKS (V)

Loc Info: ON 91ST

Name: BERNARDINI, NICOLE

Addr:

Phone: 4253285991

/1723 (SP0371) ENTRY

, CC, NOW, 2 VEH NON INJ & NON BLKING, WHI DODGE  
STRATUS VS BLU VW HATCHBACK , PULLED INTO VALERO  
GAS STATION

/1724 (SP0333) VIEWED

/1724 DISPER 19D2

#SS0135 PARNELL, OFFICER (KRISTEN)

#SS126 HINGTGEN, OFFICER (MICHAEL)

/1735 ONSCNE 19D2

/1747 ASNCAS 19D2

\$SS15001602

/1809 CLEAR 19D2

D/H

/1809 CLOSE 19D2

LSPD  
ORIGINAL

# LAKE STEVENS POLICE DEPARTMENT

## FOLLOW-UP / ROUTING SHEET

		CASE NUMBER 15-01602
MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE 07-27-15
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

### OFFICER / DETECTIVE REQUEST

<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE	<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)	<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT:		BY:

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

### CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR <i>Kend #135</i>	DATE SIGNED 07-27-15
SERGEANT APPROVAL <i>RS/79</i>	DATE SIGNED 7-27-15

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>	
RECORDS:					DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

**FOLLOW-UP REPORT**

AGENCY NAME <b>LAKE STEVENS POLICE DEPARTMENT</b>	INCIDENT CLASSIFICATION <b>Collision</b>	INCIDENT NUMBER <b>15-01602</b>
NAME OF VICTIM(S)		

On 07/27/15 at approximately 1145 hours, the father of the driver of vehicle 1 contacted me, Officer Kristen Parnell, at the Lake Stevens Police Department regarding this collision. He provided me with a copy of a video taken from the Valero gas station's security cameras at the time of the collision. He asked that the video be added to the collision report.

I booked a copy of the video into evidence at the Lake Stevens Police Department.

SPD  
ORIGINAL

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.*

OFFICER NAME / NUMBER <b>K. Parnell #135</b>	APPROVED BY <i>[Signature]</i>
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LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>K. Parnell #135</i>				Case Number <i>15-0607</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>Collection</i>				Date/Time: <i>07-27-15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification							

Case # 15-0607

Item #  <i>KP1</i>	Item <i>DVD</i>					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #  <i>3</i>	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								

Case # 15-0607

Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								

Case # 15-0607

Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								

Case # 15-0607

Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								

Case # 15-0607

Item #	Item Brand Name					Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name Address City State Zip Phone #					Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:
 

Received by Evidence: \_\_\_\_\_  
 Name: \_\_\_\_\_ # \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

NCIC/WACIC ☒ Date: \_\_\_\_\_  
 NCIC/WACIC + Date: \_\_\_\_\_  
 NCIC/WACIC - Date: \_\_\_\_\_

CAD/RMS Checked \_\_\_\_\_  
 Owner Letter Sent: \_\_\_\_\_  
 Owner Letter Sent: \_\_\_\_\_

ROUTING: \_\_\_\_\_  
 White: Property Room  
 Yellow: Case File